

Veterans Benefits Certification Request

First time requests for benefits are to contact the VA office at 800.827.1000 to request complete additional documentation. Use this R67 form to request VA benefits for the entire academic year. Once completed, please submit to the Office of the University Registrar (OUR) for processing.

Name _____
 Last First Middle Initial

Address _____

City State Zip Telephone Number

E-mail Address Program of Study

Social Security Number

VA File Number _____

- If you are a new student, please complete form 22-1990 (Application for Educational Benefits).
- If you are a transfer student, please complete form 22-1995 (Request for Change in Program of Training).
- Please indicate the number of credits you expect to schedule for the following terms:

Fall Term	Winter Term	Spring Term	Summer Term
9/21/09 – 12/12/09	1/5/09 – 3/20/10	3/30/09 – 6/12/10	6/22/09 – 9/4/10

For benefits requested during the terms indicated above, please indicate if you will be studying only, or participating in a Co-operative experience:

- Studying
- Participating in Co-op

Please indicate Chapter of MGIB:

- Chapter 30 – Active Duty
- Currently Active Duty
- Chapter 1606 – Selected Reserves
- Chapter 1607 - REAP
- Chapter 35 – Dependent Educational Assistance

 Student Signature Date

Authorization	
_____ Signature of VA Representative	_____ Date